



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

150 South Main Street • Providence, RI 02903

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Patrick C. Lynch, Attorney General

CHARITABLE TRUST REGISTRATION STATEMENT

(R.I. GEN. LAWS § 18-9-6)

1. Name of Charitable Trust: _____

2. This Charitable Trust is being Registered Pursuant to: *(use additional sheets if necessary)*

(a) The Will of _____ of _____
Name Last Residence

(b) The Indenture of _____ of _____
Name City or Town

and/or (c) Other Trust Instrument *(e.g. articles of incorporation, by-laws, etc.)*

Name of Instrument

2. Trustee(s): *(use additional sheets if necessary)*

1. _____
Name Street City State Zip Tel.

2. _____

3. Person Submitting Registration, if different from Trustee(s):

Name Street City State Zip Tel.

4. Present Beneficiaries: *(use additional sheets if necessary)*

1. _____
Name Street City State Zip Tel.

2. _____

5. Future Beneficiaries: *(use additional sheets if necessary)*

1. _____
Name Street City State Zip Tel.

2. _____

6. Trust Purpose: *(use additional sheets if necessary)*

*This Trust will ____ will not ____ Consider Unsolicited Requests for Grants

7. The Most Recent Fair Market Value for this Trust is: \$_____ as of
_____.

Date

8. A single copy of the Will, Indenture, and/or other Trust Instrument (*articles of incorporation, by-laws, etc.*) establishing this trust and a registration fee of \$50.00 must accompany this statement. Any amendments to the requested documents must be filed with this office within thirty (30) days. Make checks payable to “General Treasurer of Rhode Island.”

Signature: _____ Witness: _____